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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/415,944 10/03/2002

** FOREIGN APPLICATIONS *****

MB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 12/30/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>MB</u> Initials <u>MB</u>	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 120	INDEPENDENT CLAIMS 6
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ADDRESS

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TITLE

Three-dimensional peripheral lymphoid organ cell cultures

FILING FEE RECEIVED 1479	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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